

Access Standards, Health Benefit Plans in Maryland



Our priority is to ensure that all members have timely access to appropriate treatment as needed. The State of Maryland has established Appointment Access Standards for health benefit plans. These are outlined in the [Code of Maryland Regulations \(COMAR\) 31.10.44.05](#) as summarized below.

Appointment Access Standards for health benefit plans in Maryland:

- Urgent Behavioral Health and Substance Use Disorder: within 72 hours of the member's request for an appointment
- Routine (non-urgent) Behavioral Health and Substance Use Disorder: within 10 calendar days of the member's request for an appointment

In the provider contract, Section 2.7 Member Access to Care states:

- Provider shall ensure that Members have timely and reasonable access to MHSA Services and shall at all times be reasonably available to Members as is appropriate
- The standards outlined above are specific to health benefit plans in Maryland

What if your schedule is full?

If you are an *individually* contracted provider and find that your schedule is full and you cannot accept new referrals, you may submit a request to make yourself unavailable for new referrals through providerexpress.com.

After logging in, select “My Practice Info”. You are able to edit this page, including choosing to not accept new patients. When you select “No” under “Accepting New Patients,” you will be asked to choose a reason for your unavailable status and the time frame you want to remain unavailable.

If you are contracted as a group or if you have questions about this process, you can call Network Management at (877) 614-0484 for assistance with the unavailable process.
